

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MCDONNELL DOUGLAS CORP 245-248  
ATTN: ENVIRONMENTAL MANAGER  
8900 FROST AVE  
EPA ID NO: BERKELEY, MO 63134  
EPA ID: MOD980968457 MO ID: 004217



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM

IDENTIFICATION AND  
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in Items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input type="checkbox"/> or → St. Louis County	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address P.O. Box 516 Mailcode S111-1099		
C. City, town, village St. Louis	D. State MO	E. Zip Code 63166 - 0516

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name Haake	First name Joseph	M.I. W.	B. Title Group Manager Environmental Engineering	C. Telephone Number 314-232-3319 Extension
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**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name Kury	First name Bryan	M.I. E.	B. Title Manager, Environmental and Hazardous Materials Services
C. Signature Bryan E. Kury			D. Date of signature 03/25/98 Month Day Year



R00154237

RCRA RECORDS CENTER

BRS data entered

BY Brett TRI-COR

ON ENT'D JUL 20 1998

QC'd EB 12/22/98

EPA ID NO. M10D 91810 91618 41517**Sec. V** Generator status. Instructions begin on page 8.**A.** 1997 RCRA generator status

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non-generator (CONTINUE TO BOX B)

} SKIP TO SEC. VI

**B.** Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

**Sec. VI** On-site waste management status. Instructions page 10.**A.** Storage subject to RCRA permitting requirements1**B.** Treatment, disposal, or recycling subject to RCRA permitting requirements1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: **McDonnell Douglas Corp. 245-248**  
**8900 Frost Ave.**  
**Berkeley, MO 63134**

EPA ID NO: **M 0 D 9 8 0 9 6 8 4 5 7**

## U.S. ENVIRONMENTAL PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>					
A. Waste description (page 12) Contaminated solid waste from cleaning and painting operations					
B. EPA hazardous waste code (page 12) <b>D 0 0 7 F 0 0 2</b> <b>F 0 0 3 F 0 0 5 N A</b>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <b>3 7 2 1</b>	E. Origin code (page 13) <b>1</b> System Type <b>M N A</b>	F. Source code (page 14) <b>A 2 1</b>	G. Point of measurement (p. 14) <b>4</b>	H. Form code (page 14) <b>B 3 1 9</b>	I. RCRA-radioactive mixed (page 14) <b>2</b>

<b>Sec. II</b>	
A. Quantity generated in 1997 (page 15) _____ <b>2 3 0</b> . <b>0</b>	B. UOM (page 15) <b>1</b> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>	
On-site process system type (page 16) <b>M</b>	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____
<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16) <b>M</b>	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

<b>Sec. III</b>				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <b>M 0 D 0 0 0 8 1 8 9 6 3</b>	C. System type shipped to (p. 17) <b>M 1 4 1</b>	D. Off-site availability code (page 17) <b>2</b>	E. Total quantity shipped in 1997 (page 17) _____ <b>2 3 0</b> . <b>0</b>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ <b>N A</b>	C. System type shipped to (p. 17) <b>M</b>	D. Off-site availability code (page 17) <b>1</b>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ <b>N A</b>	C. System type shipped to (p. 17) <b>M</b>	D. Off-site availability code (page 17) <b>1</b>	E. Total quantity shipped in 1997 (page 17) _____

## Comments:

Section I.H. - debris containing paint, B406, B407, solvent wipes,  
B409 solvent wipes

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EPA ID NO: M 0 D 9 8 0 9 6 8 4 5 7

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

**Sec. I** A. Waste description (page 12)

Spent non-halogenated solvent from cleaning and painting operations

B. EPA hazardous waste code (page 12) D 0 0 1 D 0 0 7  
D 0 0 8 D 0 3 5 F 0 0 3

C. State hazardous waste code (page 13)

                       

D. SIC code (page 13)  
3 7 2 1

E. Origin code (page 13)     
 System Type  
M N A

F. Source code (page 14)  
A 0 9

G. Point of measurement (p. 14)  
2

H. Form code (page 14)  
B 2 0 3

I. RCRA-radioactive mixed (page 14)  
2

**Sec. II** A. Quantity generated in 1997 (page 15)                  6 8 6 6    0

## B. UOM (page 15)

Density         ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

**ON-SITE PROCESS SYSTEM 1**

On-site process system type (page 16)

M         

Quantity treated, disposed, or recycled on site in 1997 (page 16)

                                   **ON-SITE PROCESS SYSTEM 2**

On-site process system type (page 16)

M         

Quantity treated, disposed, or recycled on site in 1997 (page 16)

                                   **Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)  
M 0 D 0 0 0 8 1 8 9 6 3

C. System type shipped to (p. 17)  
M 1 1 4 1 1

D. Off-site availability code (page 17)  
2

E. Total quantity shipped in 1997 (page 17)  
                  6 8 6 6    0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)  
                              N A

C. System type shipped to (p. 17)  
M         

D. Off-site availability code (page 17)  
  

E. Total quantity shipped in 1997 (page 17)  
                                   

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)  
                              N A

C. System type shipped to (p. 17)  
M         

D. Off-site availability code (page 17)  
  

E. Total quantity shipped in 1997 (page 17)  
                                   

Comments:

Section I.B. - F005

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<b>Sec. I</b> A. Waste description (page 12) Spent halogenated and non-halogenated solvent mixture from cleaning and painting operations					
B. EPA hazardous waste code (page 12) D 0 0 1 D 0 0 7 D 0 3 5 D 0 4 0 F 0 0 2		C. State hazardous waste code (page 13) _ _ _ _ _			
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) System Type M N A	F. Source code (page 14) A 1 9	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 2 0 4	I. RCRA-radioactive mixed (page 14) 2

<b>Sec. II</b> A. Quantity generated in 1997 (page 15) _ _ _ _ _ 5 1 2 _ 0		B. UOM (page 15) 1 Density _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16) M _ _ _	Quantity treated, disposed, or recycled on site in 1997 (page 16) _ _ _ _ _	On-site process system type (page 16) M _ _ _	Quantity treated, disposed, or recycled on site in 1997 (page 16) _ _ _ _ _

<b>Sec. III</b> A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 1 4 1 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _ 5 1 2 _ 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _ N A	C. System type shipped to (p. 17) M _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _ N A	C. System type shipped to (p. 17) M _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _

Comments:

Section I.B. - F003, F005



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b> A. Waste description (page 12) Spent solvent from small parts cleaning					
B. EPA hazardous waste code (page 13) <u>D 0 0 1</u> <u>D 0 0 6</u> <u>D 0 0 8</u> <u>D 0 1 8</u> <u>D 0 3 5</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>3 7 2 1</u>	E. Origin code (page 13) System Type <u>M</u> <u>N</u> <u>A</u>	F. Source code (page 14) <u>A 1 9</u>	G. Point of measurement (p. 14) <u>2</u>	H. Form code (page 14) <u>B 2 0 3</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

<b>Sec. II</b> A. Quantity generated in 1997 (page 15) _____ <u>1 9 4</u> <u>0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16) <u>M</u> _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) <u>M</u> _____	
			Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	

<b>Sec. III</b> A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M 0 D 0 9 5 4 8 6 3 1 2</u>	C. System type shipped to (p. 17) <u>M 1 1 4 1 1</u>	D. Off-site availability code (page 17) <u>1 1</u>	E. Total quantity shipped in 1997 (page 17) _____ <u>1 9 4</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ <u>N A</u>	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ <u>N A</u>	C. System type shipped to (p. 17) <u>M</u> _____	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Section I.B. - D039, D040





1997 Hazardous Waste Report

**FORM**  
**GM**

## WASTE GENERATION AND MANAGEMENT

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Page 8 of 15



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EPA ID NO: **M 0 D 9 8 0 9 6 8 4 5 7**

## U.S. ENVIRONMENTAL PROTECTION AGENCY

1997 Hazardous Waste Report

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>					
A. Waste description (page 12) Spent nitric/hydrofluoric/phosphoric acid from pickling aluminum alloys					
B. EPA hazardous waste code (page 13) D 0 0 2 D 0 0 4 D 0 0 7 D 0 0 8 N A		C. State hazardous waste code (page 13) _ _ _ _ _			
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) System Type M N A	F. Source code (page 14) A 2 6	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 1 0 3	I. RCRA-radioactive mixed (page 14) 2

<b>Sec. II</b>		A. Quantity generated in 1997 (page 15) _ _ _ _ 8 8 1 7 0		B. UOM (page 15) 1 Density _ _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) M _ _ _		Quantity treated, disposed, or recycled on site in 1997 (page 16) _ _ _ _ _		On-site process system type (page 16) M _ _ _	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) _ _ _ _ _			

<b>Sec. III</b>				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 1 4 1 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) _ _ _ _ 8 8 1 7 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _ N A	C. System type shipped to (p. 17) M _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _ _ _ _ _ N A	C. System type shipped to (p. 17) M _ _ _	D. Off-site availability code (page 17) _	E. Total quantity shipped in 1997 (page 17) _ _ _ _ _

Comments:

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McDonnell Douglas Corp. 245-248  
 SITE NAME: 8900 Frost Ave.  
 Berkeley, MO 63134

EPA ID NO: M 0 D 9 8 0 9 6 8 4 5 7



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## Sec. I A. Waste description (page 12)

Spent sodium hydroxide solution from derusting of metal parts

B. EPA hazardous waste code (page 13) D 0 0 2 N A  
 N A N A N A

C. State hazardous waste code (page 13)

D. SIC code (page 13) 3 7 2 1

E. Origin code (page 13) 1  
 System Type M N A

F. Source code (page 14) - A 2 9

G. Point of measurement (p. 14) 1

H. Form code (page 14) B 1 0 6

I. RCRA-radioactive mixed (page 14) 2

## Sec. II A. Quantity generated in 1997 (page 15)

4 9 5 0

B. UOM (page 15) 1  
 Density 1 1  
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) M  
 Quantity treated, disposed, or recycled on site in 1997 (page 16) 1 1 4 1 1

## ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) M  
 Quantity treated, disposed, or recycled on site in 1997 (page 16) 1 1 4 1 1

## Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M 0 D 0 0 0 8 1 8 9 6 3	M 1 1 4 1 1	2	4 9 5 0
Site 2	N A	M		
Site 3	N A	M		

Comments:

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<b>Sec. I</b> A. Waste description (page 12) Spent hydrochloric acid from stainless steel pickling					
B. EPA hazardous waste code (page 13) D 0 0 2 N A			C. State hazardous waste code (page 13) 		
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) M N A	F. Source code (page 14) A 2 6	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 1 0 4	I. RCRA-radioactive mixed (page 14) 2

<b>Sec. II</b> A. Quantity generated in 1997 (page 15) 		B. UOM (page 15) 1 Density    .	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) 	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) 	

<b>Sec. III</b> A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 1 4 1 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) 
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17) 
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17) 

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<b>Sec. I</b> A. Waste description (page 12) Spent alkaline cleaning solution					
B. EPA hazardous waste code (page 12) <u>D 0 0 7</u> <u>N A</u>			C. State hazardous waste code (page 13) <u>                    </u>		
D. SIC code (page 13) <u>3 7 2 1</u>	E. Origin code (page 13) System Type <u>M N A</u>	F. Source code (page 14) <u>A 0 3</u>	G. Point of measurement (p. 14) <u>2</u>	H. Form code (page 14) <u>B 1 0 9</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

<b>Sec. II</b> A. Quantity generated in 1997 (page 15) <u>                    2 0 3 1                    0</u>		B. UOM (page 15) <u>1</u> Density <u>                    </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>                    </u>	On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>                    </u>

<b>Sec. III</b> A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M 0 D 0 0 0 8 1 8 9 6 3</u>	C. System type shipped to (p. 17) <u>M 1 1 4 1 1</u>	D. Off-site availability code (page 17) <u>2</u>	E. Total quantity shipped in 1997 (page 17) <u>                    2 0 3 1                    0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>                    N A</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>                    </u>	E. Total quantity shipped in 1997 (page 17) <u>                    </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>                    N A</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>                    </u>	E. Total quantity shipped in 1997 (page 17) <u>                    </u>

Comments:









## 1997 Hazardous Waste Report

**FORM**  
**GM**

## WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Small quantities of laboratory chemicals, expired-shelf-life, and off-specification products				
	B. EPA hazardous waste code (page 12) L A B P N A		C. State hazardous waste code (page 13)		
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) System Type M N A	F. Source code (page 14) A 5 7	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 0 0 3	I. RCRA-radioactive mixed (page 14) 2
Sec. II	A. Quantity generated in 1997 (page 15) 4 4 0 0 . 0		B. UOM (page 15) 1 Density . <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
	ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) M Quantity treated, disposed, or recycled on site in 1997 (page 16) .		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) M Quantity treated, disposed, or recycled on site in 1997 (page 16) .		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M O D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 1 4 1 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) 4 4 0 0 . 0
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) . N A	C. System type shipped to (p. 17) M . . . .	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) . N A	C. System type shipped to (p. 17) M . . . .	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .
Comments:  Section I.F. - A58					